

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/26/05 2 Serial/Patent # 10/529,627

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing		3-31-05	\$ 925.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND

\$925.00

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 1 5 -- 0 4 6 1

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

Change in Entity Status
filed 4-13-05 (Refund Request)

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Repln. Ref: 07/26/2005 BCAMPBEL 0013502300
DAH:150461 Name/Number:10529627
FC: 9204 \$925.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**